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TC 2700 MAIL ROOM

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TC 2800 MAIL ROOM

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Here Application of: Van Luchene et al.) Customer No.: 22927
)
 METHOD AND APPARATUS FOR) Examiner: Not Yet Assigned
 CONDITIONAL PAYMENT TO A)
 SELLER)
)
 Serial No.: 09/536,791) Group Art Unit: 2876
)
 Filing Date: March 28, 2000) Docket No.: 99-086

Assistant Commissioner for Patents
 Office of Initial Patent Examination
 Customer Service Center
 Washington, D.C. 20231

TRANSMITTAL LETTER

Applicants hereby submit the following documents for the above-identified patent application:

1. Request for Corrected Filing Receipt;
2. Red-lined Copy of Official Filing Receipt; and
3. Postcard.

The Assistant Commissioner is hereby authorized to charge the associated fee in the amount of \$25.00 to Deposit Account No. 50-0271. Order No. 99-086. The Commissioner is further authorized to charge any additional fees which may be required for the submission of this paper, or to credit any overpayment, to Deposit Account No. 50-0271. Order No. 99-086. A duplicate copy of this authorization is attached for such purpose.

Respectfully submitted,

Kurt M. Maschoff
 Attorney for Applicants
 PTO Reg. No. 38,235
 Walker Digital Corporation
 Five High Ridge Park
 Stamford, CT 06905

June 13, 2000
 Date

Certificate of Mailing

I hereby certify that this correspondence is being sent via U.S. Postal Mail in an envelope with sufficient postage addressed to Assistant Commissioner for Patents, Washington, D.C. 20231 Attn.: Office of Initial Patent Examination, Customer Service Center on June 13, 2000.

Margaret N. Kaswer
 Typed Name of Person Making Deposit

Margaret N. Kaswer 6/13/00
 Signature Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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TC 2700 MAIL ROOM

In re Application of: Van Luchene et al.

Customer No.: 22927

For: METHOD AND APPARATUS
FOR CONDITIONAL PAYMENT
TO A SELLER

Examiner: Not Yet Assigned

Serial No.: 09/528,043

Group Art Unit: 3711

Filing Date: March 17, 2000

Docket No.: 99-086

Assistant Commissioner for Patents
 Office of Initial Patent Examination
 Customer Service Center
 Washington, D.C. 20231

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TC 2800 MAIL ROOMREQUEST FOR CORRECTED FILING RECEIPT

Applicants respectfully request that the filing receipt for the above-identified patent application be corrected to reflect the address of the second inventor as ADAM STEVENSON, SOLANA BEACH, CA.

The requested change has been indicated in red on the enclosed copy of the official Filing Receipt. Please issue a corrected Filing Receipt in due course.

The Assistant Commissioner is hereby authorized to charge the associated fee in the amount of \$25.00 to Deposit Account No. 50-0271. Order No. 99-086. The Commissioner is further authorized to charge any additional fees which may be required for the submission of this paper, or to credit any overpayment, to Deposit Account No. 50-0271. Order No. 99-086. A duplicate copy of this authorization is attached for such purpose.

Respectfully submitted,

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June 13, 2000
 Date

FILING RECEIPT

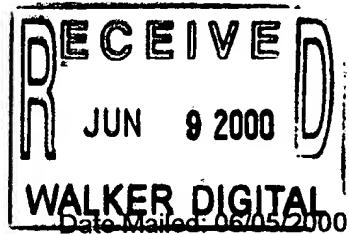

OC00000005157146

UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

Address: ASSISTANT SECRETARY AND
COMMISSIONER OF PATENT AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/536,791	03/28/2000	2876	924	99-086	7	20	6

22927
WALKER DIGITAL
FIVE HIGH RIDGE PARK
STAMFORD, CT 06905



Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Andrew S. Van Luchene, Norwalk, CT ; *Solana*
Adam Stevenson, ~~Solana~~ Beach, CA ;
Magdalena Mik, Greenwich, CT ;
Russell Pratt Sammon, Stamford, CT ;

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Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/168,370 12/01/1999

Foreign Applications

If Required, Foreign Filing License Granted 06/05/2000

Title

Method and apparatus for conditional payment to a seller

Preliminary Class

235

Data entry by : GARNETT, SANDRA

Team : OIPE

Date: 06/05/2000



FILE COPY

Bib Data Sheet



**UNITED STATES DEPARTMENT OF
COMMERCE
Patent and Trademark Office**

Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER 09/536,791	FILING DATE 03/28/2000 RULE —	CLASS 235	GROUP ART UNIT 2876	ATTORNEY DOCKET NO. 99-086
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APPLICANTS

Andrew S. Van Luchene, Norwalk, CT ;
 Adam Stevenson, Solana Beach, CA ;
 Magdalena Mik, Greenwich, CT ;
 Russell Pratt Sammon, Stamford, CT ;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/168,370 12/01/1999 *(yes/no)*

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 06/05/2000**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 7.	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

22927

TITLE

Method and apparatus for conditional payment to a seller

FILING FEE RECEIVED 924	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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